II. AMENDMENTS TO THE CLAIMS

1-21. (Canceled)

22. (Currently amended) A method of treating infertility disorders ~~by~~ comprising administering an LHRH-antagonist selected from the group consisting of ganirelix, antarelix, antide, azaline B, ramorelix, A-76154, Nal-Glu, 88-88 and cetrorelix, and inducing follicle growth by administration of hMG or recombinant FSH (Controlled Ovarian Stimulation) in combination with clomiphene, wherein the administration of said LHRH-antagonist is sufficient to suppress endogenous LH while maintaining FSH secretion at a natural level and estrogen development is not affected until ovulation induction.

23-25. (Canceled)

26. (Previously Presented) The method according to claim 22, wherein Controlled Ovarian Stimulation is started on day 2 after spontaneous menstrual bleeding by administering 100 mg clomiphene per day for 3 to 7 days and 0.2 to 1.0 mg cetrorelix is administered with hMG starting on stimulation day 5.

27. (Previously Presented) The method according to claim 22, wherein Controlled Ovarian Stimulation is started on day 2 after spontaneous menstrual bleeding by administering 100 mg clomiphene per day for 3 to 7 days and 0.2 to 1.0 mg cetrorelix is administered with recombinant FSH starting on stimulation day 6.

28. (Previously presented) The method according to claim 27, wherein cetrorelix is administered subcutaneously in an amount between 0.1 and 5 mg per day during a multiple dosing regimen.

29. (Currently Amended) The method according to claim 22, wherein the ~~LH-RH~~ LHRH antagonist is administered as a single or dual subcutaneous dose in an amount between 1 and 10 mg.

30. (Currently Amended) The method according to claim 29, wherein the ~~LH-RH~~ LHRH antagonist is administered as a single or dual subcutaneous dose in an amount between 2 and 6 mg.

31. (Currently Amended) The method according to claim 22, wherein the ~~LH-RH~~ LHRH antagonist is administered as an initial single dose in the range of 1 mg to 10 mg, followed by a multiple daily dose in an amount between 0.2 and 1.0 mg.

32. (Previously presented) The method according to claim 31, wherein the single dose is between 2 and 6 mg.

33. (Currently Amended) The method according to claim 22, wherein ovulation is induced by ~~recombinant~~ administration of FSH or LH.

34. (Currently amended) The method according to claim 22, wherein ovulation is induced by ~~native~~ administration of LHRH and/or LHRH agonist.

35. (Canceled)

36. (Currently amended) The method according to claim 22, wherein ovulation is induced by human chorionic gonadotropin (HCG).

37. (Currently amended) The method according to claim 22, wherein ~~native~~ LHRH or an LHRH antagonist is administered so that luteal phase supplementation is avoided and negative effects of HCG are prevented during the luteal phase.

38. (Currently amended) The method according to claim 22, wherein ~~recombinant~~ FSH, LH, ~~native~~ LHRH, or LHRH agonist is administered so that ovarian hyperstimulation syndrome is avoided.

39. (Currently amended) A method of treating infertility disorders comprising administering an amount of cetrorelix as an ~~LH-RH~~ LHRH antagonist which is sufficient to suppress endogenous LH while maintaining FSH secretion at a natural level and not affecting estrogen development and further administering clomiphene to induce follicle growth, wherein

after cessation of cetrorelix administration, subsequent follicle development is facilitated with remaining endogenous LH and FSH.

40. (Previously presented) The method of claim 39, wherein cetrorelix is administered beginning on cycle day 6 to 10 and ovulation is induced between day 7 and day 11 of the menstrual cycle.

41. (Previously presented) The method of claim 39, wherein cetrorelix is administered either in a single or dual dose of 1 to 10 mg or in a multiple dosage of 0.1 to 0.5 mg starting at cycle day 1 to 10 and ovulation is induced between day 9 and day 20 of the menstrual cycle.

42. (Previously presented) The method according to claim 41, wherein cetrorelix is administered starting on cycle day 4 to 9.

43. (New) A method of Controlled Ovarian Stimulation (COS) comprising administering an LHRH antagonist selected from the group consisting of ganirelix, antarelix, antide, azaline B, ramorelix, A-76154, Nal-Glu, 88-88 and cetrorelix, and inducing follicle growth by administration of hMG or FSH in combination with clomiphene, wherein the administration of said LHRH antagonist is sufficient to suppress endogenous LH while maintaining FSH secretion at a natural level and estrogen development is not affected until ovulation induction.

44. (New) A method of Controlled Ovarian Stimulation comprising administering an amount of cetrorelix as an LHRH antagonist which is sufficient to suppress endogenous LH while maintaining FSH secretion at a natural level and not affecting estrogen development and further administering clomiphene to induce follicle growth, wherein after cessation of cetrorelix administration, subsequent follicle development and ovulation is facilitated by endogenous LH and FSH.

45. (New) A method of treating fertility disorders treatable by controlled ovarian stimulation and assisted reproduction techniques, comprising

administering an LHRH antagonist selected from the group consisting of ganirelix, antarelix, antide, azaline B, ramorelix, A-76154, Nal-Glu, 88-88 and cetrorelix, and inducing follicle growth by administration of HMG or FSH (Controlled Ovarian Stimulation) in combination with clomiphene,

wherein the administration of said LHRH antagonist is sufficient to suppress endogenous LH while maintaining FSH secretion at a natural level and estrogen development is not affected until ovulation induction; and

performing assisted reproduction techniques following induction of ovulation.

46. (New) A method of treating infertility disorders treatable by controlled ovarian stimulation and assisted reproduction techniques, comprising

administering an amount of cetrorelix as an LHRH antagonist which is sufficient to suppress endogenous LH while maintaining FSH secretion at a natural level and not affecting estrogen development and further administering clomiphene to induce follicle growth, wherein after cessation of cetrorelix administration, subsequent follicle development and ovulation is facilitated with remaining endogenous LH and FSH, and

performing assisted reproduction techniques following ovulation.